

PROVIDENCE HEALTH SYSTEMS - ALASKA  
PO BOX 196276  
ANCHORAGE, AK 99519-6276  
ADDRESS SERVICE REQUESTED

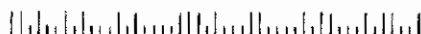
FOR THE ACCOUNT OF		STATEMENT DATE	
05279-00884		10/22/05	
PATIENT INFORMATION		ADMIT: 10/06/05	DISCHARGE: 10/07/05
134777 MEDICARE OUTPATIENT		523642169A	
132001 MEDICAID ALASKA		0600291160	

IF PAYING BY CREDIT CARD, SEE REVERSE SIDE		PAY THIS AMOUNT	\$
 <input type="checkbox"/> MASTERCARD  <input type="checkbox"/> VISA		AMOUNT ENCLOSED	\$

REMIT TO

ADDRESSEE

PROVIDENCE HEALTH SYSTEMS - ALASKA  
PO BOX 196276  
ANCHORAGE, AK 99519-6276



☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

**SUMMARY STATEMENT**

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	DESCRIPTION	REVENUE CODE	QUANTITY	UNIT PRICE	TOTAL CHARGES
10/06/05	1725 DILANTIN-PHENYTOIN	300	1	166.00	166.00
10/06/05	3625 PHENOBARBITAL LEVEL	300	1	166.00	166.00
10/06/05	3635 BASIC METABOLIC PANEL (AM	300	1	92.00	92.00
10/06/05	7788 Phlebotomy Fee	300	1	18.00	18.00
10/06/05	925 CARBAMAZEPINE-TEGRETOL	300	1	166.00	166.00
	TOTAL LABORATORY				608.00
10/06/05	99282 CLASS II-LIMITED	450	1	255.00	255.00
	TOTAL EMERGENCY ROOM				255.00
	TOTAL CHARGES				863.00

Providence Health Systems  
Anchorage, Alaska  
907-585-8500

ACCOUNT  
05279-00884

Please note: The amounts indicated to be paid by third parties are estimated by the Providence Health Systems; however, the patient or responsible party are responsible for the total charges. Thank you.

Total Balance

PLEASE RETAIN FOR YOUR RECORDS

Providence Health System

Alaska Region

PO Box 389668  
SEATTLE WA 98138-9668WEB: <http://www.providence.org/Alaska/cso>  
WID: K11766783

TOLL-FREE: (866) 397-9269

PAGE: 1 PAKA102

ADDRESSEE:

K11766783 SPS 527900884-0000

[REDACTED]

IF PAYING BY MASTERCARD, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.			
<input checked="" type="checkbox"/> MASTERCARD	<input checked="" type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS	
CARD NUMBER		EXP DATE (REQUIRED)	
SIGNATURE		AMOUNT	
STATEMENT DATE	PAY THIS AMOUNT	ACCT. #	BALANCE
12-01-2005	863.00	527900884-0000	\$63.00
SHOW AMOUNT PAID HERE \$			

4721

REMIT TO:

PROVIDENCE ALASKA MEDICAL CTR  
PO BOX 34158

SEATTLE WA 98124-1158

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

801344A (07/06)

**BALANCE DUE NOTICE**

Thank you for choosing our facilities for your medical needs. This statement represents charges that are due from you, as our system shows no medical insurance is outstanding for payment. Please remit your payment in full or contact patient accounting for any assistance we can provide. If you have a question about how your insurance benefits or co-insurance amounts were determined, please contact your insurance company directly.

PATIENT NAME	PROVIDER	ACCOUNT #	SERVICE DATE	TOTAL CHARGES	PAYMENTS	ADJUST.	BALANCE OWING
[REDACTED]	Prov Anchorage	527900884-0000	10-06-2005	863.00	0.00	0.00	863.00

**PATIENT ACCOUNTING CUSTOMER SERVICE**WEB: <http://www.providence.org/Alaska/cso>

Toll-Free

(866) 397-9269

**WE ACCEPT PAYMENTS OVER THE PHONE & ONLINE**

Balance Due

863.00

Statement Date

12-01-2005

Account Number

527900884-0000

WID: K11766783

Make checks payable to:

Phone Hours: M-TH 7am-7pm, F 7am-4:30pm

PROVIDENCE ALASKA MEDICAL CTR  
PO BOX 34158

SEATTLE WA 98124-1158

If payment in full has been recently made, Thank you.

STAT1

[REDACTED]

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**PROVIDENCE ALASKA  
MEDICAL CENTER**

**ACCOUNT #:** 0527900884

**DATE OF SERVICE:** 10/06/2005

**CHIEF COMPLAINT:** Seizure, status post assault.

**HISTORY OF PRESENT ILLNESS:** The patient is a very pleasant 58-year-old gentleman who was at the transit center earlier today when he was mugged after checking his ATM balance at an ATM there at 1530. The patient was able to grab onto the suspect who then took off his sweater and left the patient with the sweater. The suspect was caught by security. However, the increased stress during this event caused the patient to feel "woozy" and he has felt that "his brain is pulsating." He states he had two petite mal seizures at home today. He has not had a seizure for approximately two to three months.

**REVIEW OF SYSTEMS:** He said he has had no headache, no nausea, no vomiting, no fever, no chills, no chest pain, no abdominal pain, no weakness, no loss of bowel or bladder function, no tongue biting. He only admits to the seizures and the aura.

**PAST MEDICAL HISTORY:** Epilepsy since birth and nephritis of one kidney.

**PAST SURGICAL HISTORY:** Vagal nerve stimulator.

**CURRENT MEDICATIONS:**

1. Dilantin.
2. Phenobarbital.
3. Kenna.
4. Folic acid.

**ALLERGIES:** No known medical allergies.

**SOCIAL HISTORY:** He sees Dr. Aiken, his neurologist, and has an appointment with Dr. Aiken on October, 11, 2005, which is already scheduled. The patient lives in Anchorage. He does not smoke, drink or use drugs.

**FAMILY HISTORY:** Positive for mother with thyroid disease and sister with epilepsy.

**PHYSICAL EXAMINATION:**

**VITAL SIGNS:** Heart rate 84, respirations 20, blood pressure 133/85, temperature 96.7 and oxygen saturation of 97%.

**GENERAL:** He is a very pleasant male in no acute distress.

**HEENT:** Head is atraumatic, normocephalic. He is PERRLA and EOMI. He has no signs of nystagmus. His TMs are clear bilaterally with good light reflex. His oropharynx is clear without erythema or exudate. His mucosa is moist.

**NECK:** Supple with full range of motion.

**CARDIOVASCULAR:** Regular rate and rhythm without murmur, gallop, rubs.

**LUNGS:** Clear to auscultation bilaterally.

001880995/tra/D: 10/07/2005 3:43 AM 10/08/2005 8:32 P

**EMERGENCY ROOM REPORT**

**NAME:** [REDACTED] **DOB:** [REDACTED]

**ADMIT DATE:** 10/06/2005

**BILLING #:** A0527900884

**DISCHARGE DATE:** 10/07/2005

**PHYSICIAN:** Gina Wilson-Ramirez, MD

**MR#:** 00-04-95-80

**PT TYPE:** ESD

**PT CLASS:** E/R

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**PROVIDENCE ALASKA  
MEDICAL CENTER**

**ABDOMEN:** Soft, nontender, no rebound, no guarding. He ambulates without any difficulty.  
**EXTREMITIES:** He moves all four extremities well with 5/5 muscle strength.  
**NEUROLOGICAL:** He is alert and orientated x3. He has a Glasgow Coma Scale of 15.

**EMERGENCY DEPARTMENT COURSE:** He had phenobarbital level, which is 37.9. His Dilantin level was 14.7 and his BMP was normal. The patient had no symptoms of seizures while in the emergency department.

**DIAGNOSIS:** Seizure disorder.

**PLAN:** The patient is to continue his normal medicine regimen and follow up with Dr. Aiken or in the emergency department p.r.n. any problems. He will take a cab home.

Electronically Authenticated  
Gina Wilson-Ramirez, MD 10/19/2005 12:57 \_\_\_\_\_  
Gina Wilson-Ramirez, MD

cc: Gina Wilson-Ramirez, MD

001880985/tra/D: 10/07/2005 3:43 A/T: 10/08/2005 8:32 P

**NAME:** [REDACTED] **DOB:** 02/26/1947

**BILLING #:** A0527900884

**PHYSICIAN:** Gina Wilson-Ramirez, MD

**PT TYPE:** ESD

**EMERGENCY ROOM REPORT**

**ADMIT DATE:** 10/06/2005

**DISCHARGE DATE:** 10/07/2005

**MR#:** 00-04-95-80

**PT CLASS:** E/R

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